

Name in Full <b>Hannah Baumann</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Pindree</b> <small>Town</small>		<b>Anne Arundel</b> <small>County</small>
	Date of death <b>1907 May 1</b> <small>Month Day</small>		<b>79</b> <small>Years</small>
	Sex <b>Female</b>		Color or Race <b>White</b>
	Occupation <b>None for several years</b>		Where Residing if not at place of death <b>Germany</b>
	Married, Single or Widowed <b>Widow</b>	Name of Wife or Husband <b>August Baumann</b>	
	Father's Name <b>John Pagenpoek</b>	Father's Birthplace <b>Germany</b>	
	Mother's Maiden Name <b>Caroline Greenwood</b>	Mother's Birthplace <b>Germany</b>	
	Name of person giving information <b>August Baumann</b>		How related to deceased <b>Son</b>
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Paralysis</b>	<b>(66)</b>	How long <b>3 years</b>
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Alfred H. Merri</b>	Address <b>Packer St, Ind</b>
	Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>2<sup>nd</sup></u> <sup>Town</sup> <u>dist-</u> <sup>County</sup> <u>A. A.</u>					
Date of death 1907	Month <u>May</u>	Day <u>6</u>	Age <u>24</u> Years	Months <u>3</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Albert - Bernbe</u>				
Father's Name <u>John. Berner</u>	Father's Birthplace <u>Balto Md</u>				
Mother's Maiden Name <u>Sophie Botzler</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Albert Bernbe</u>	How related to deceased <u>Husband</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Enteritis</u>	How long <u>4 days</u>
Immediate <u>Peritonitis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Jm J Welch</u>
	Address <u>Annapolis</u>
Accident or Suicide? <u></u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

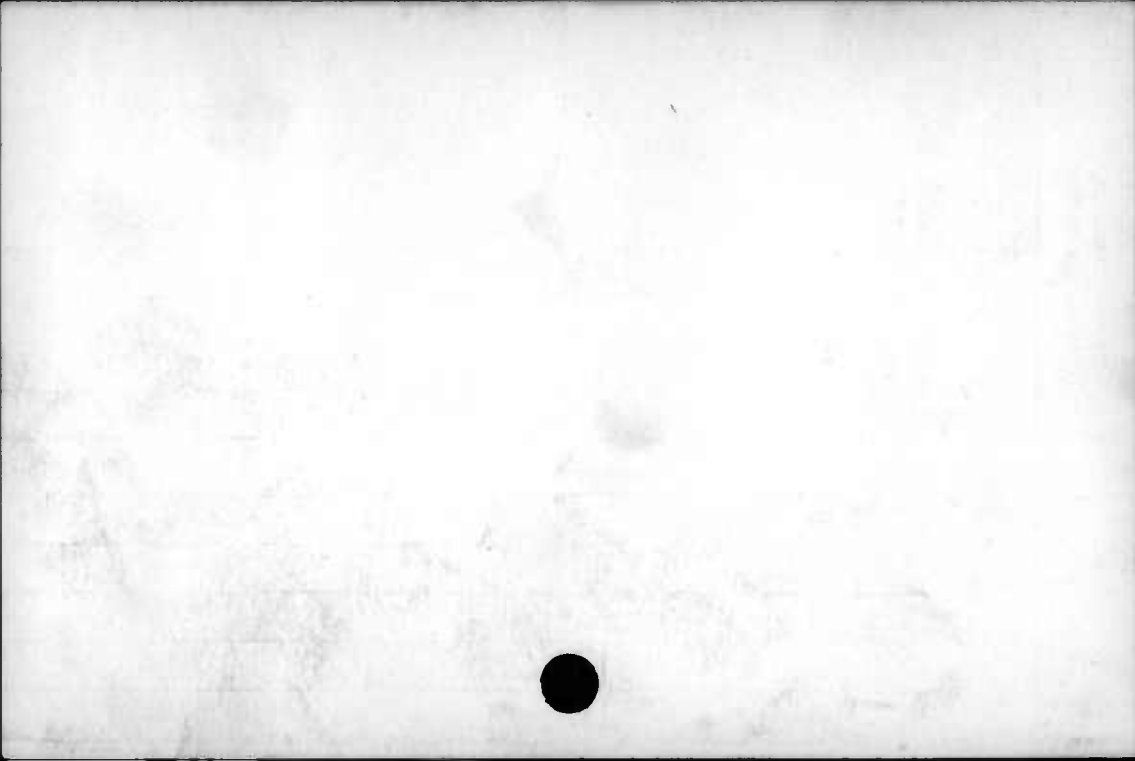
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Andrew L. Barell</i>				County <i>Anne Arundel</i>				State <i>MARYLAND</i>	
Died at <i>Harmans</i>				Town <i>Harmans</i>					
Date of death <i>1907</i>		Month <i>5</i>		Day <i>21</i>		Age <i>7</i>		Years <i>11</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth place <i>Md.</i>		Months <i>11</i>		Days <i>22</i>	
Occupation <i>X</i>				Where Residing if not at place of death <i>Harmans</i>					
Married, Single or Widowed <i>X</i>				Name of Wife or Husband <i>X</i>					
Father's Name <i>John Barell</i>				Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mamie Hammon</i>				Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Mamie Hammon</i>				How related to deceased <i>mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		<i>93</i>	How long <i>7 days</i>	
Immediate <i>Convulsions</i>			How long <i>about 2 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Harrison Tongue</i>		
		Address <i>Elk Ridge Md</i>		
Accident or Suicide? <i>X</i>				



Name

in  
Full

William Chalmers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

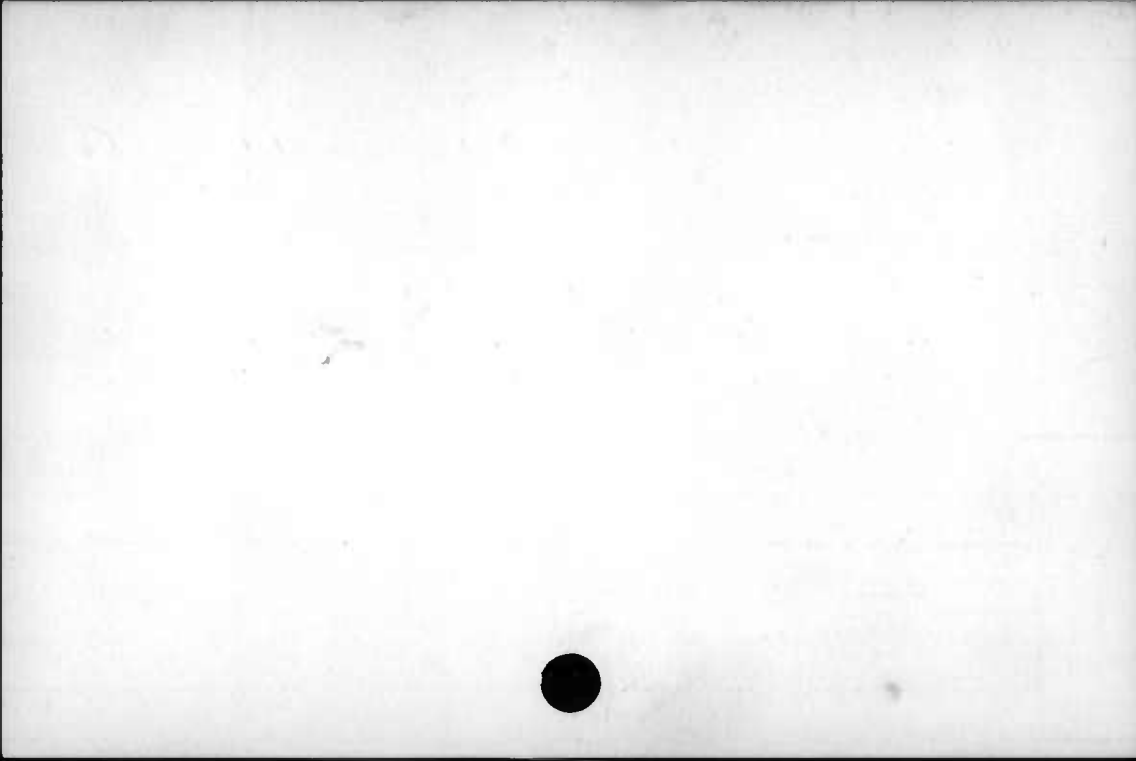
Died at <i>Annapolis</i> <sup>Town</sup>		<i>Cc</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>11</i>	Age <i>5-3</i>	Months <i>11</i> Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>		
Occupation <i>Engineer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rachel Chalmers</i>				
Father's Name <i>Wm Chalmers</i>	Father's Birthplace <i>Falkirk</i>		<i>Scotland</i>		
Mother's Maiden Name <i>Cathren Bennie</i>	Mother's Birthplace <i>Falkirk</i>		<i>Scotland</i>		
Name of person giving information <i>Wm Chalmers</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

(172)

PHYSICIAN  
OR CORONER

Primary	<i>Accidental Drowning</i>	How long	<i>---</i>
Immediate	<i>"</i>	How long	<i>---</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Charles G. Feldmeyer</i>
<i>accidental</i>		Address	<i>Justice of the Peace, Foley Court, Annapolis Md.</i>
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

*Martha Christensen*

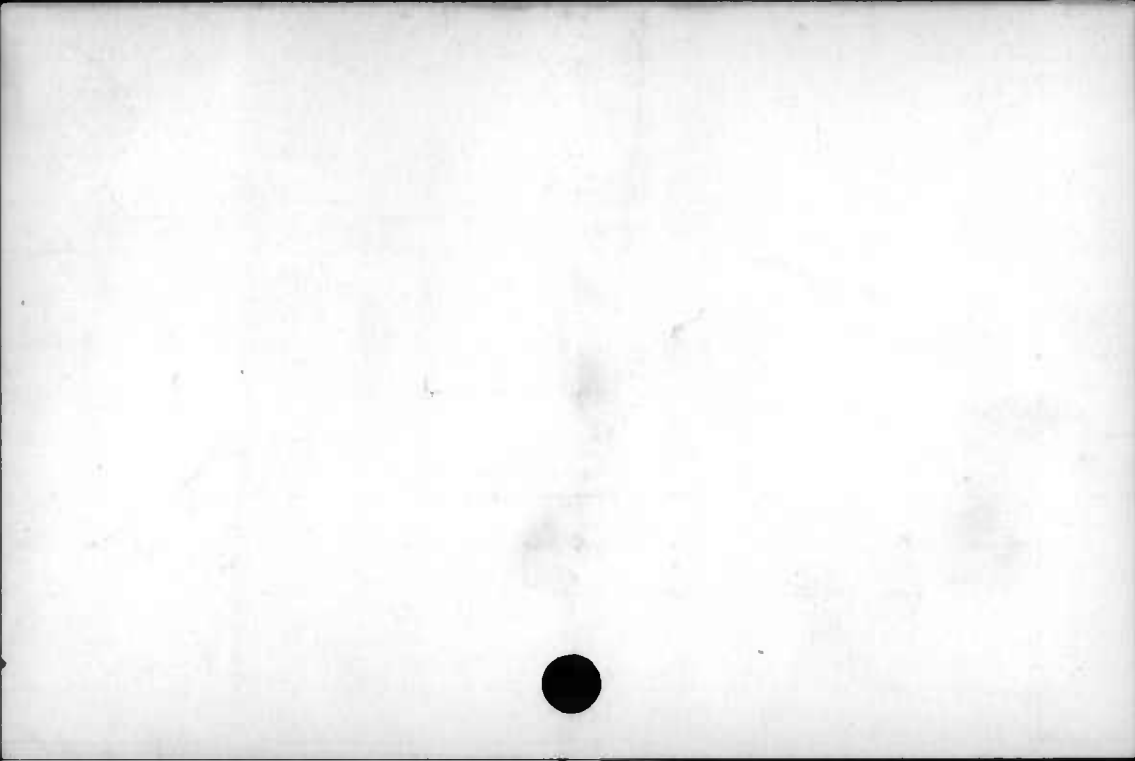
Died at <i>East-Port</i> <sup>Town</sup>		<i>A. a</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>10</i>	Age <i>9</i> Years	Months <i>9</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>East-Port</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Chris Christensen</i>		Father's Birthplace <i>Denmark</i>			
Mother's Maiden Name <i>Harriet V. Springer</i>		Mother's Birthplace <i>A. A. Co. Md</i>			
Name of person giving information <i>Charles H. Springer</i>		How related to deceased <i>Grand Father</i>			

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	<b>(27)</b>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm J Welch</i>	
	Address <i>Annapolis</i>	
Accident or Suicide? <i>—</i>		



Name

in  
Full

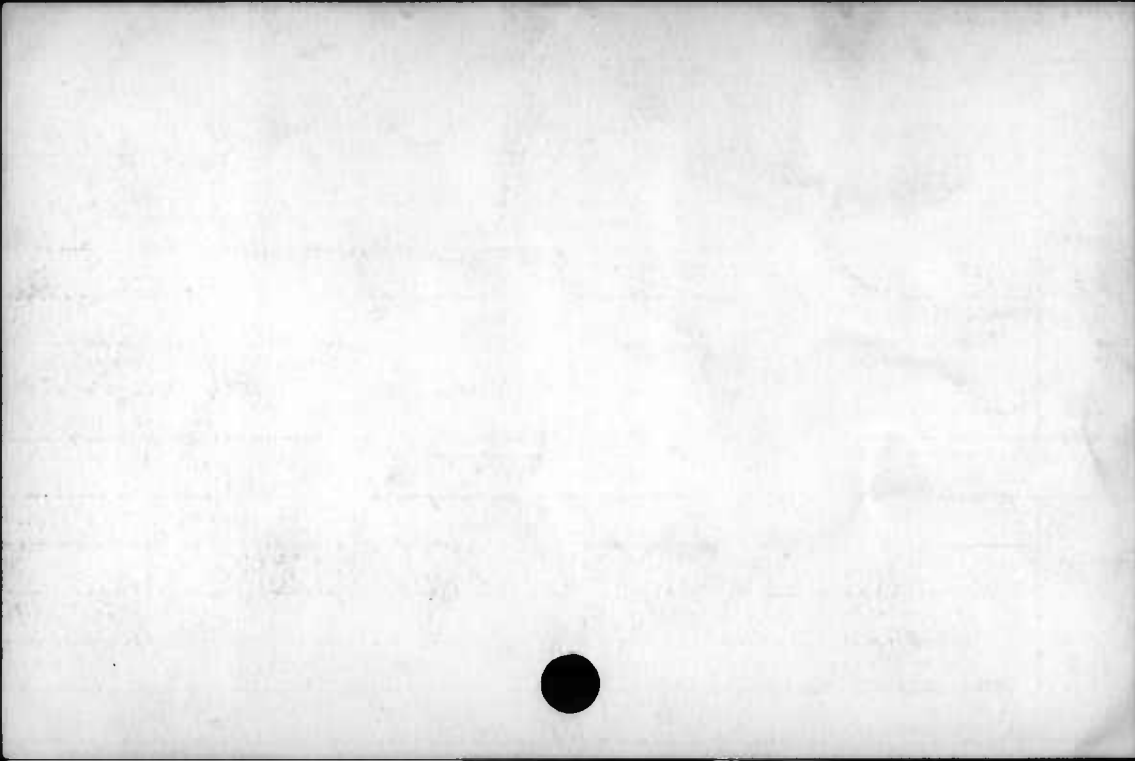
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Annia Clay</i>		Town <i>Annapolis</i>		County <i>Al</i>		MARYLAND	
Died at <i>Annapolis</i>		Month <i>May</i>		Day <i>16</i>		Years <i>4</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>			
Occupation <i></i>		Where Residing if not at place of death <i>Acton Lane</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>William E. Clay</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Bettie Davis</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Bettie Davis</i>		How related to deceased <i>unknown</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Gastro-enteritis</i>	How long <i>six days</i> How long <i>gradual</i>
	Immediate <i>asthenia</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	
	Accident or Suicide?	
	Signature of Physician <i>John Ridout, M.D.</i>	Address <i>Annapolis Md</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

Hester Evans

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Drum</i> Town		County <i>A.A.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>5</i>	Day <i>16</i>	Age <i>17</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>A.A. Co. 14d</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Benjamin Langford</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Jane Evans</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Arthur Smith</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

Primary <i>Phthisis</i>	(27)	How long <i>10 months</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Reneady Sasser</i>	Address <i>Upper Marlboro</i>
Accident or Suicide?		

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Harriet Foote

Died at *Chumckton* <sup>Town</sup>*A. G.* County

MARYLAND

Date of death *1907* <sup>Month</sup> *May* <sup>Day</sup> *7*Age *60* <sup>Years</sup>

Months

Days

Sex *Female*Color or  
Race*Colored*Birth-  
place*Ind*Occupation *Midwife*Where Residing if not  
at place of deathMarried, Single  
or Widowed *Widow*Name of Wife or  
Husband*Chas. Foote*Father's  
Name *Unknown*Father's  
Birthplace *Unknown*Mother's  
Maiden Name *Unknown*Mother's  
Birthplace *Unknown*Name of person giving  
in formation *Chas. Foote*How related  
to deceased *Son*

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONERPrimary *Acute Indigestion*

How long

*4 days*Immediate *Peritonitis*

How long

*2 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*G. T. Dent*

Address

*Chumckton*

Accident or Suicide?





Name

in  
Full

CERTIFICATE OF DEATH

Mary Ford

Town

County

MARYLAND

Died at *St. Annas*

Date

Month

Day

Years

Months

Days

of death *1907 May 29*

Age

*30**8*

Sex

*Female*Color or  
Race*Colored*Birth-  
place*A.H. Co. Md.*

Occupation

*unknown*Where Residing  
at place of death*Clay St*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*William Ford*Father's  
Name*Henry Queen*Father's  
Birthplace*A.H. Co. Md.*Mother's  
Maiden Name*Hazel Queen*Mother's  
Birthplace*A.H. Co. Md.*Name of person giving  
information*William Ford*How related  
to deceased*Uncle*

CAUSES OF DEATH

*134*

Primary

*Abortion from Bright's disease  
of mother*

How long

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

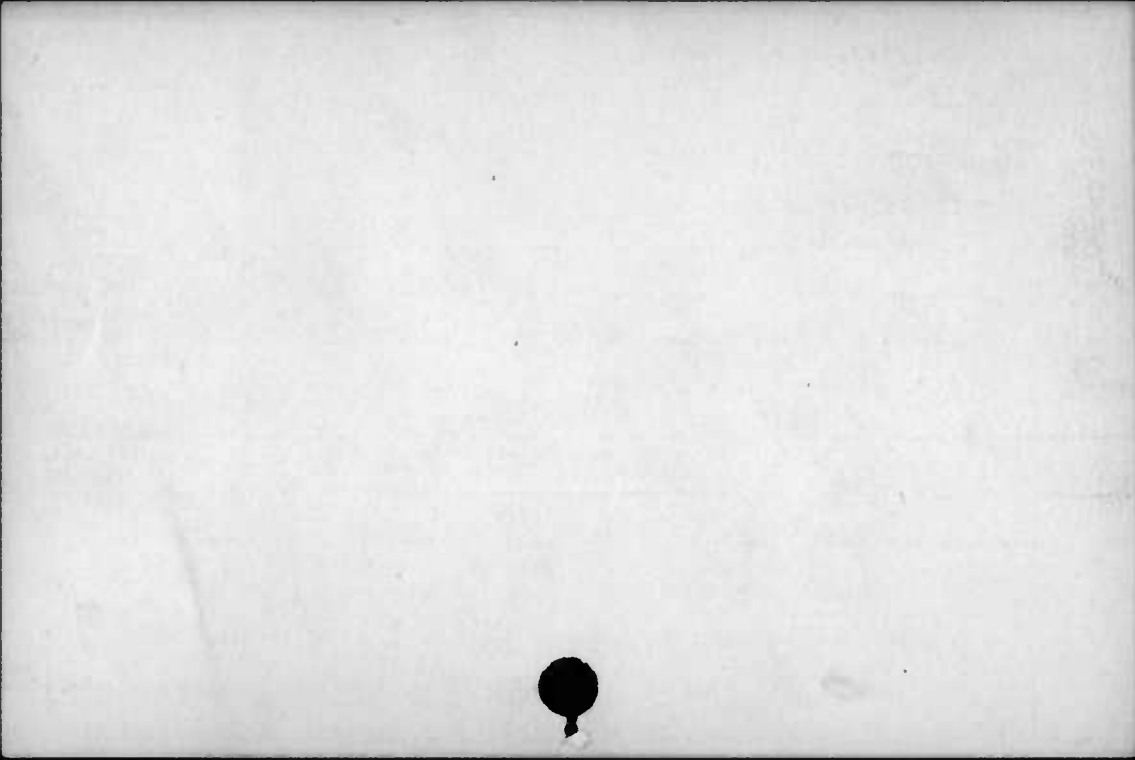
Address

*P. P. Keenan**60 Cathedral St.**Annapolis, Md.*

Accident or Suicide?

LIBRARY BUREAU 488318

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in  
Full

Still Born

Ford

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Annapolis

R.A.

Date

of death

1907

Month

May

Day

28

Years

Age

unknown

Months

Days

Sex

Girl

Color or  
Race

Colored

Birth-  
place

Annapolis

Occupation

unknown

Where Residing if not  
at place of death

Clay St

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

unknown

Father's  
Name

William Ford

Father's  
Birthplace

Colbert Co.

Mother's  
Maiden Name

Mary Queen

Mother's  
Birthplace

Ch. Co.

Name of person giving  
In formation

William Ford

How related  
to deceased

Father

## CAUSES OF DEATH

18

Primary

Abortion (unknown)

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

P. F. Keevee  
60 Cathedral St.  
Annapolis Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*James Foster*  
 or near Town *Lake Shore P.O. 34* County *Des Moines*  
 Died at *Lake Shore P.O. 34* of *Anne Arnold*

MARYLAND

Date of death *1907* Month *May* Day *27* Age *50* Years Months Days

Sex *Male* Color or Race *Caucasian* Birth-place *Scotland*

Occupation *Laborer* Where Residing if not at place of death *1901 Alice Ann St Balt-*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *Scotland*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Jefferson W. Cook* How related to deceased *None*

## CAUSES OF DEATH

Primary *Alcoholism + Exposure* How long *about 2 weeks*

Immediate *Heart Failure (Septic)* How long *some time during night*

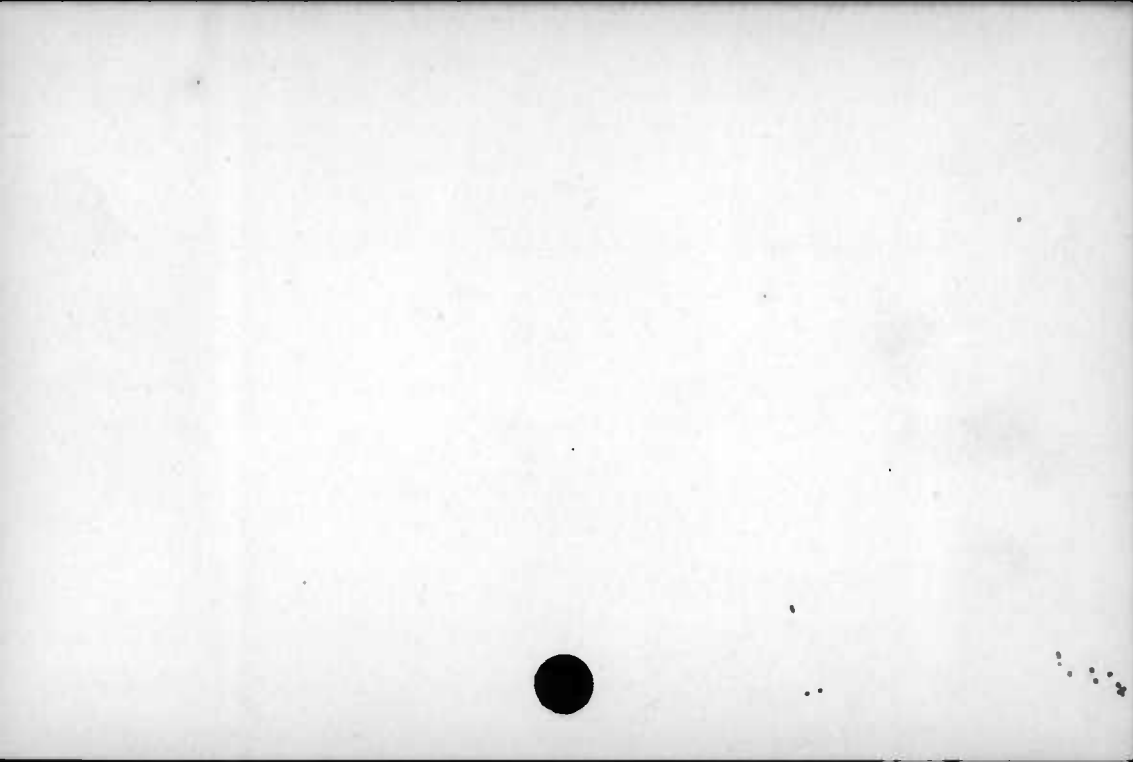
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *McArthur S. Dismick*

*He was found dead in an out house on farm of Jefferson W. Cook, Lake Shore P.O. 34*

Address *Justice of the Peace  
Cedar Co. Coroner  
P.O. Arnegard Cedar*

Accident or Suicide? *— —*



Name  
in  
Full

Anna Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

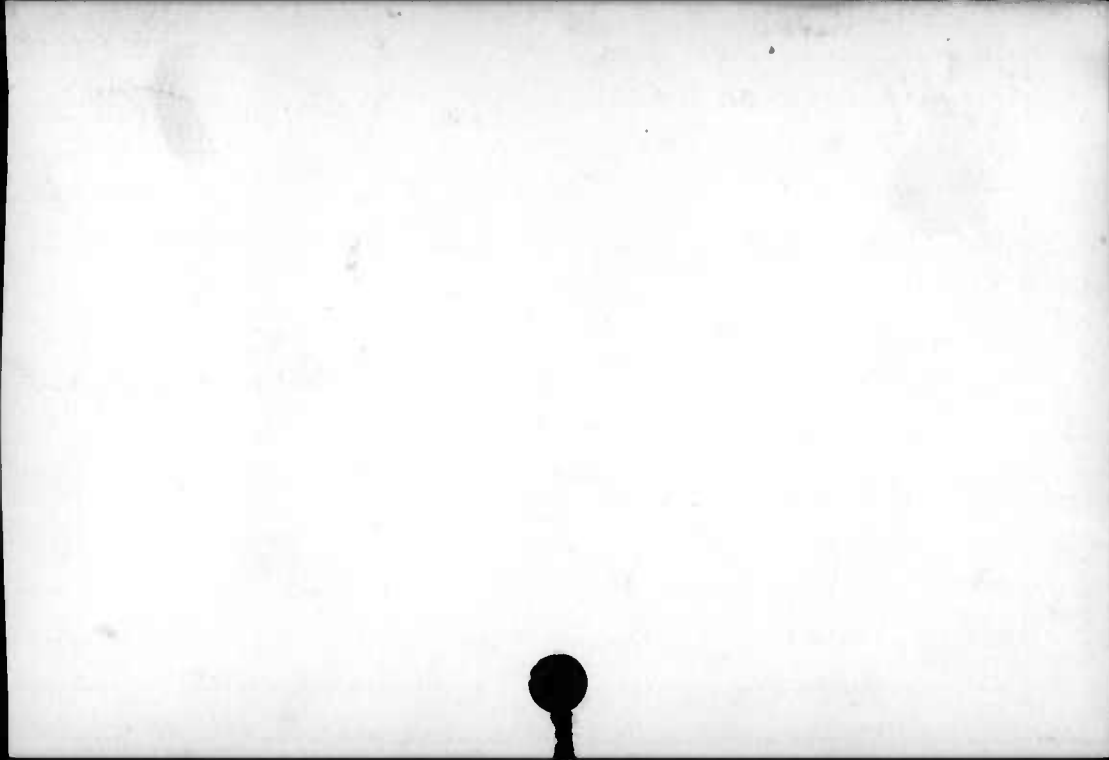
Died at <i>St. Margaret</i>		Town		<i>A. A. Co.</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>26</i>		Age <i>37</i>		Years	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>St. Margaret</i>		Months		Days	
Occupation <i>House Wife</i>				Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Saul Hall</i>		Father's Name <i>John Hunt</i>		Father's Birthplace <i>St. Margaret</i>		Mother's Maiden Name <i>Susan Barclay</i>	
Mother's Name		Mother's Birthplace <i>St. Margaret</i>		Name of person giving information <i>Samuel R. Colbert</i>		How related to deceased <i>Cousin</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Crown Bright</i>		How long <i>6 months</i>	
Immediate <i>Katarrh</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Redout</i>	
		Address <i>Annapolis Md</i>	
Accident or Suicide?		<i>R. L. D. No 1</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Walter Hutton

Town

Annapolis

County

A.A.

MARYLAND

Died at

Date

1907 May

Month

Day

21

Age

Years

Months

Days

7

Sex

Male

Color or  
Race

Colored

Birth-  
place

Annapolis

Occupation

~~unknown~~Where Residing if not  
at place of death

North West St

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Walter Hutton

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Mary Agnes Walker

Mother's  
Birthplace

Annapolis

Name of person giving  
Information

Walter Hutton

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Congenital debility

How long

7 days

Immediate

Congestive

How long

2 to 3

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

P. J. Leece  
60 Cathedral St.  
Annapolis, Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER

✓



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Nelson Ireland

Died at *New Annapolis* Town*A.A.* County

MARYLAND

Date of death *1907 May 21*Age *65* Years

Months

Days

Sex *Male*

Color or Race

*Celand*

Birth-place

*A.A. Co.*Occupation *Laborer*

Where Residing if not at place of death

*Romand Row*Married, Single or Widowed *Married*

Name of Wife or Husband

*Matilda Ireland*

Father's Name

*Jesse Ireland*

Father's Birthplace

*A.A. Co.*

Mother's Maiden Name

*Hester Hays*

Mother's Birthplace

*A.A. Co.*

Name of person giving information

*Matilda Ireland*

How related to deceased

*Wife*

## CAUSES OF DEATH

Primary

*Epilepsy  
Exhaustion*

How long

*Two days*

Immediate

How long

*Gradual*

Are the name, age, sex, color, date and place correctly given above?

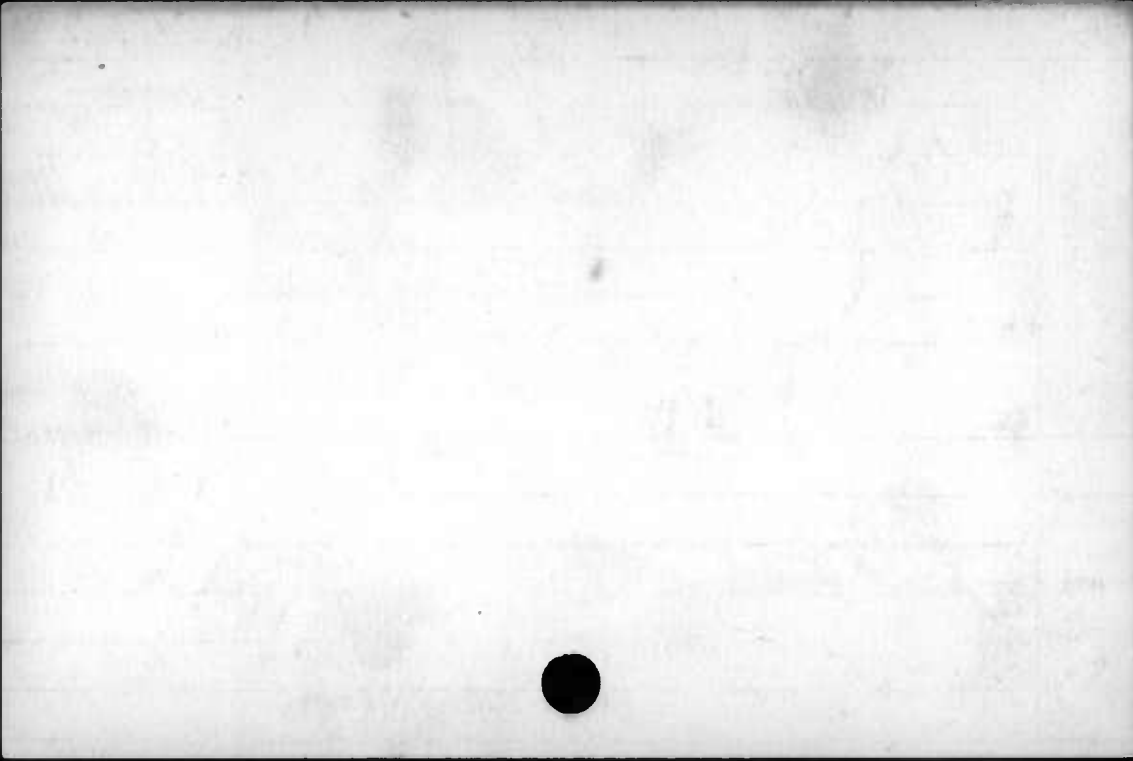
*yes*

Signature of Physician

Address

*John Ridout  
Annapolis  
Md*

Accident or Suicide?



Name  
in  
Full

Mrs Emma James

## CERTIFICATE OF DEATH

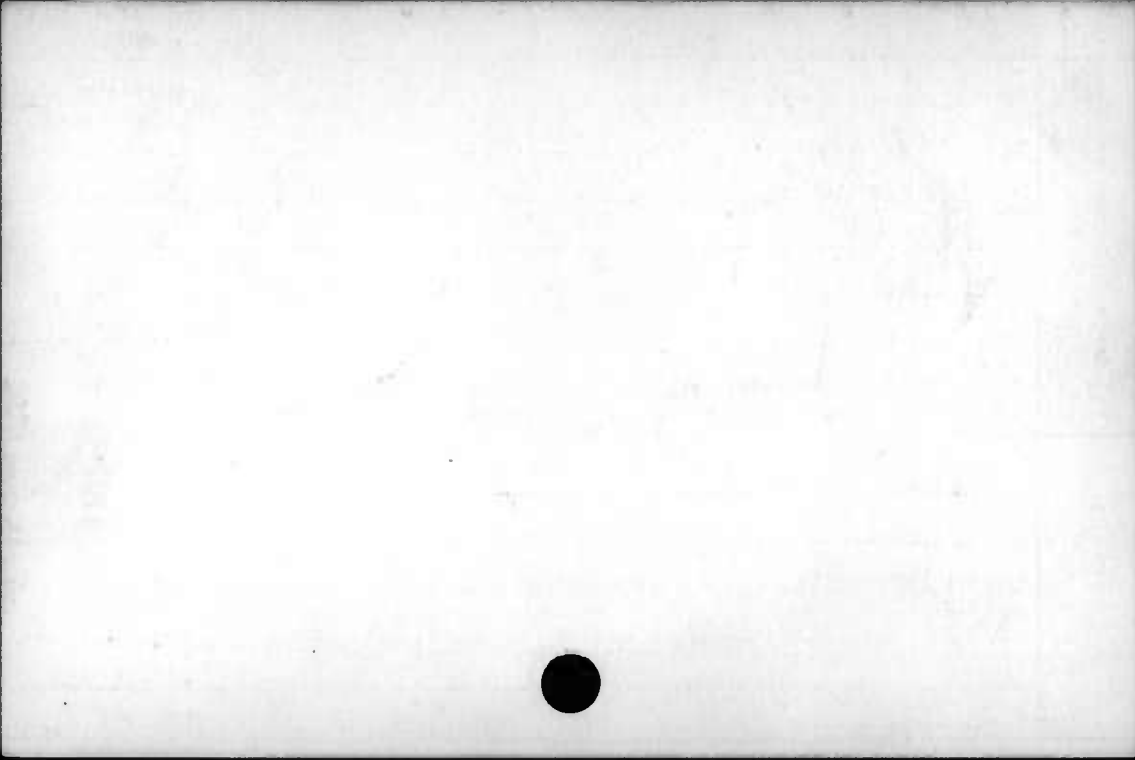
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <u>AD.</u> County		MARYLAND	
Date of death <u>1907</u> Month <u>May</u> Day <u>8</u>	Age <u>38</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Cobord</u>	Birth-place <u>Baltimore</u>	
Occupation <u>Laundress</u>	Where Residing if not at place of death <u>12 Franklin St</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>William James</u>		
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>Louella Harkins</u>	Mother's Birthplace <u>Baltimore</u>		
Name of person giving information <u>Mrs Gamma Johnson</u>	How related to deceased <u>Cousin</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Bronchitis (Capillary)</u>	How long <u>6 weeks</u>
Immediate <u>Heart Failure</u>	How long <u>3 1/2 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. P. Reese</u>
	Address <u>60 Cathedral St. Annapolis Md.</u>
Accident or Suicide?	



Name  
in  
Full

M. E. Ginnus Beatrice

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Annapolis

Town

County

Date of death 1907 May

Month

Day

Age

Years

Months

Days

Sex Female

Color or  
Race

White

Birth-  
place

Annapolis

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

W. H. Mc Ginnis

Father's  
Birthplace

Annapolis, Md

Mother's  
Maiden Name

Anna B. Robertson

Mother's  
Birthplace

Montg Co, Va

Name of person giving  
Information

W. H. Mc Ginnis

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Prematurity 6 mos -

How long

151

Immediate

Cerebral Convulsions

How long

20 hrs -

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

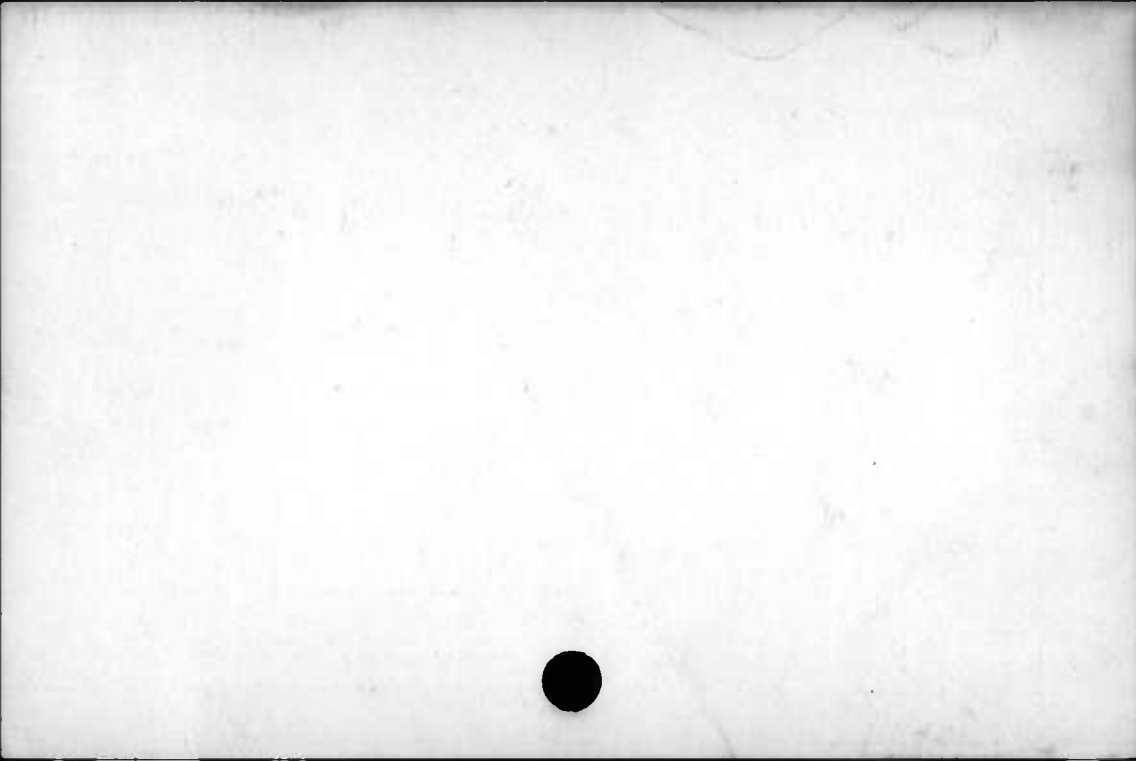
Chas L. Key M.D.

Address

159 Prince George St.  
Annapolis

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

William Henry Martin

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at or near Armign P.O. ~~near~~ Anne ArundelDate of death 1907 May 23<sup>d</sup> Age 22 Months 11 Days 26

Sex Male Color or Race Caucasian Birth-place Balls Blk City Ind

Occupation Farmer Where Residing if not at place of death at or near Armign P.O. A &amp; G Ind

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Wm F Martin Father's Birthplace Cumberland Maryland

Mother's Maiden Name Annie M Krause Mother's Birthplace Germany

Name of person giving information Wm F Martin (Father) How related to deceased Father

## CAUSES OF DEATH

172

Primary Drowned How long —

Immediate Accidental Drowning a few moments

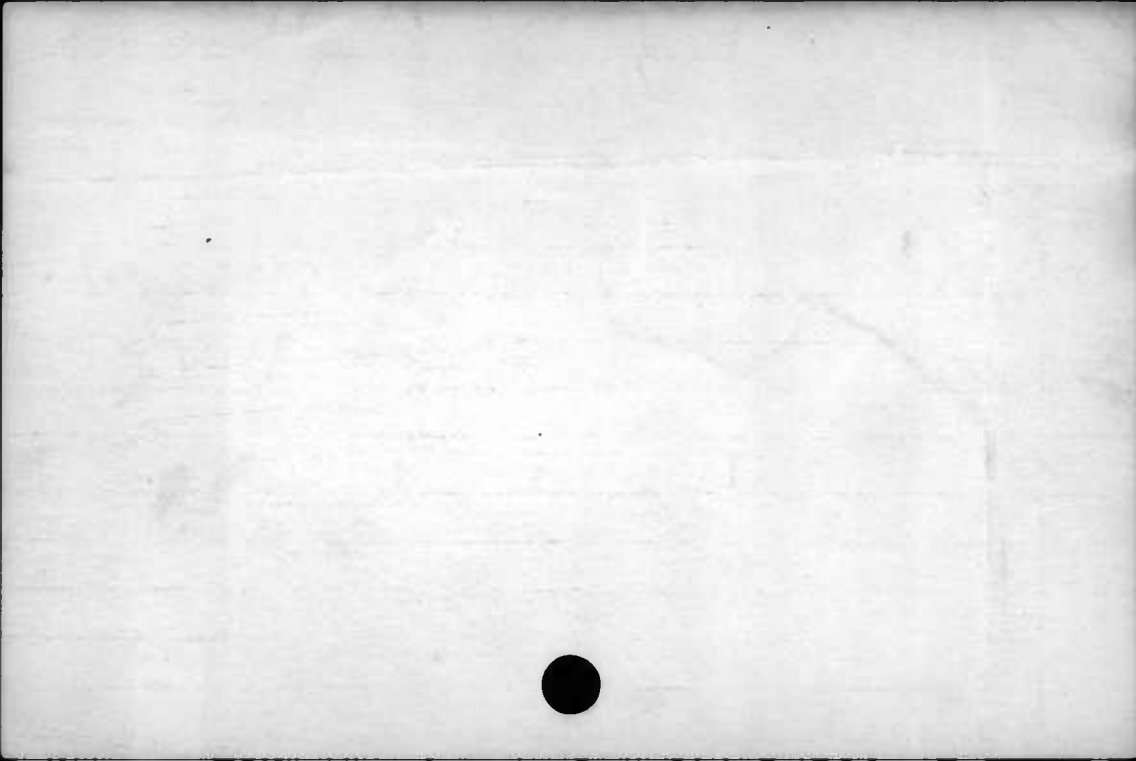
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Melville S. Dunlap M.D.

Address Acting as Coroner Armign P.O. A &amp; G Ind

Accident or Suicide? Accidents

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Matthews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		County		MARYLAND		
Date of death <i>1907</i>	Month <i>May</i>	Day <i>29th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>Alexander Matthews</i>		Father's Birthplace <i>Annapolis</i>				
Mother's Maiden Name <i>Sadie Diggs</i>		Mother's Birthplace <i>A.A.C. Md</i>				
Name of person giving information <i>Alex Matthews</i>		How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Aortic Insufficiency</i>	How long <i>79</i>
Immediate <i>Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Welch H.D.</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

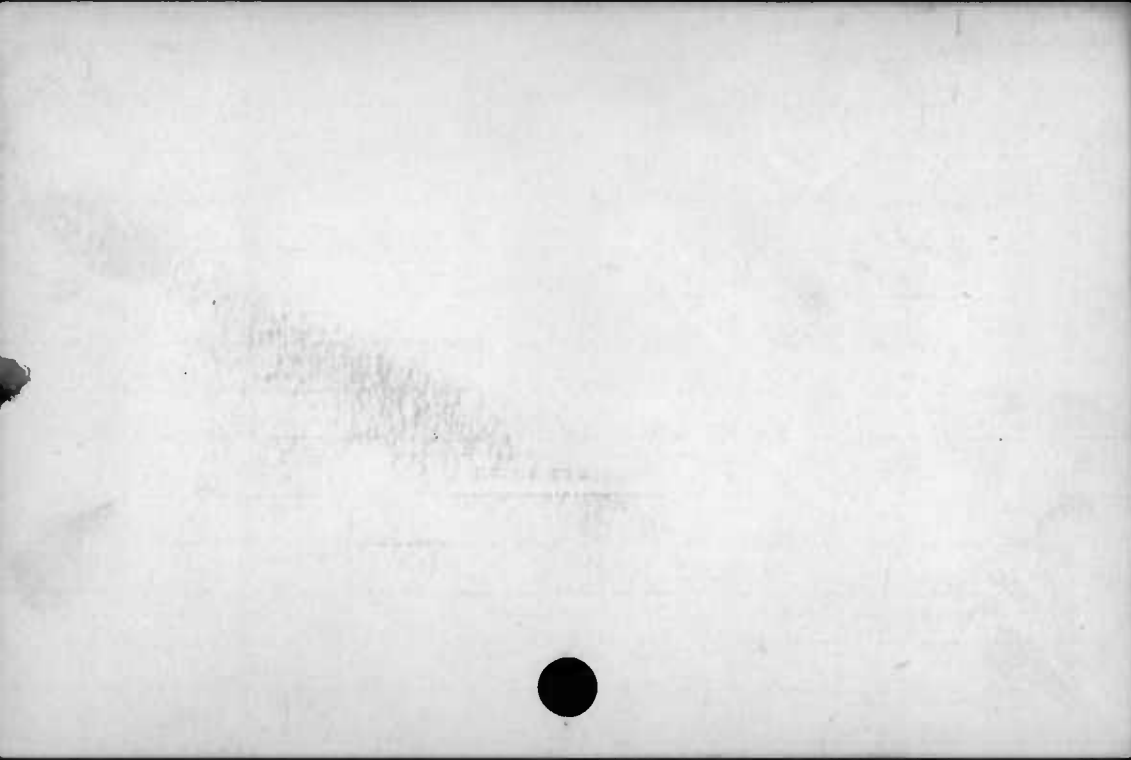
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Unknown</i>		Town <i>Naïter</i>		County		MARYLAND	
Died at <i>Annapolis</i>		Month <i>May</i>		Day <i>21</i>		Age <i>—</i>	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>21</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>			
Occupation <i>unknown</i>		Where Residing if not at place of death <i>114 Washington</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>James Naïter</i>				Father's Birthplace <i>Davidsonville</i>			
Mother's Maiden Name <i>Mary Hall</i>				Mother's Birthplace <i>West River</i>			
Name of person giving information <i>Mary Hall</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still-born</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout, M.D.</i>	
<i>Yes</i>		Address <i>Annapolis</i>	
Accident or Suicide?			



Name  
in  
Full

Rebecca Norris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

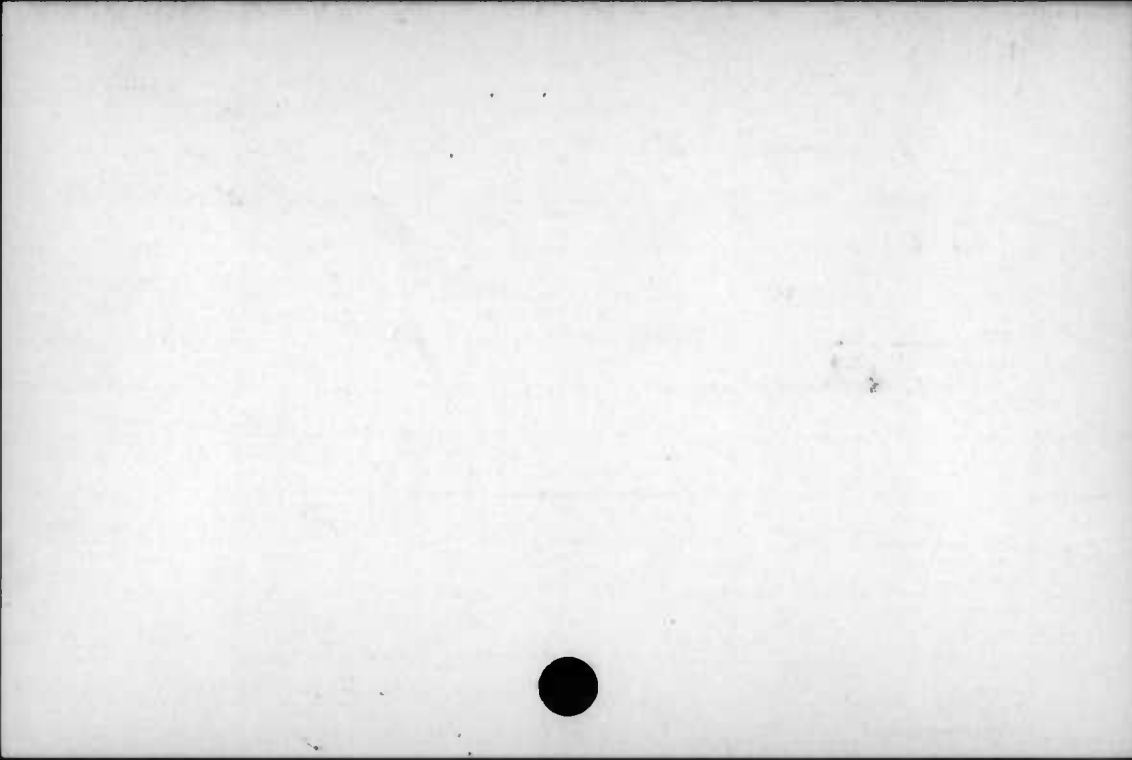
Died at <i>Galloways</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>1</i>	Age <i>76</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co., Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Joseph Norris</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Ann Norris</i>		How related to deceased <i>Sister</i>			
Name of person giving information <i>Mrs Owings</i>					

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Gastric Catarrh</i>	How long
Immediate <i>Gastric Catarrh</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. G. Ellzey</i>
	Address <i>Anne Arundel Co.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Georgiana Parker

CERTIFICATE OF DEATH

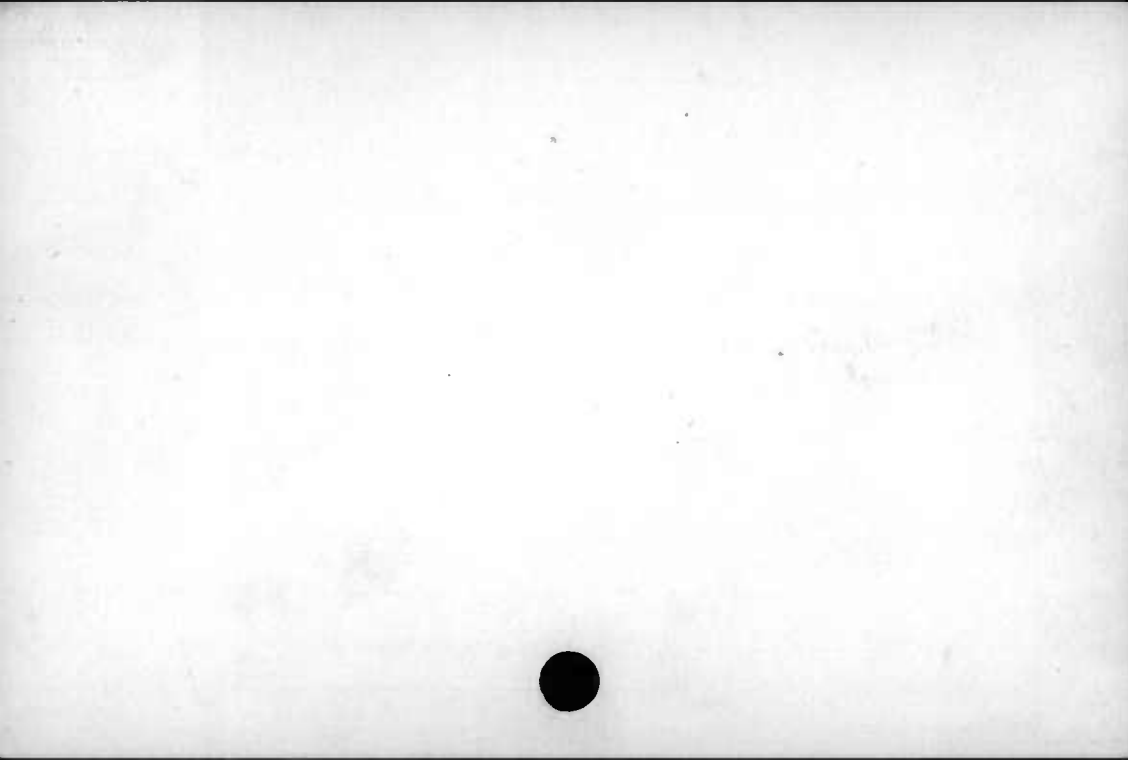
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>East Port</u> <sup>Town</sup>		County <u>Atto.</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>20<sup>th</sup></u>	Age <u>49 yrs</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>Atto.</u>		
Occupation <u>book</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Wm. Parker</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Atto.</u>		Mother's Birthplace <u>Atto.</u>		
Mother's Maiden Name <u>Unknown</u>	How related to decedent <u>Step. Daughter</u>				
Name of person giving information <u>Elsie Belt</u>					

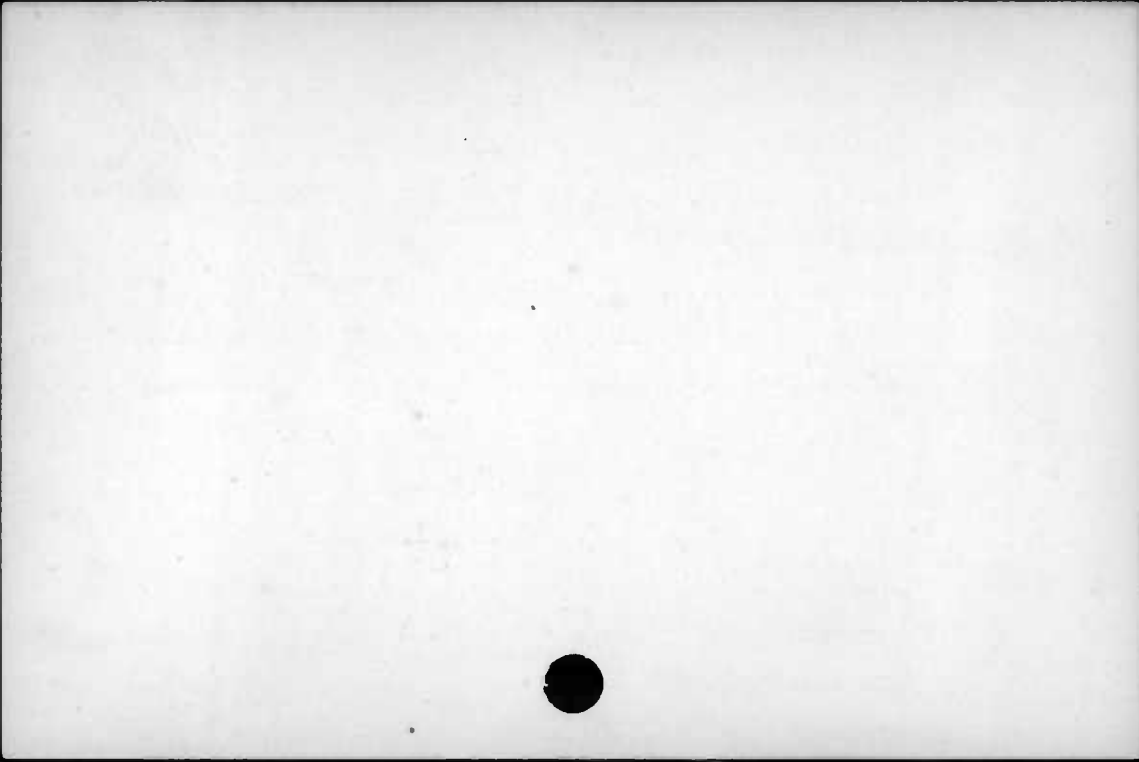
CAUSES OF DEATH

79

Primary <u>Cardiac Disease</u>	How long <u>Shadden Death</u>
Immediate <u>Natural Causes</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout</u>
<u>Yes</u>	Address <u>Coroner's Physician</u>
<u>John H. Lee, M.D.</u>	<u>Annapolis</u>
<u>Acting as Coroner</u>	



Name in Full		Harriet Porter				CERTIFICATE OF DEATH.		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Mays		County		Anne Arundel	
	Date of death		1907		Age		68	
	Month		May		Day		27	
	Sex		Female		Color or Race		White	
	Occupation		Housewife		Birth-place		Maryland	
	Where Residing if not at place of death							
	Married, Single or Widowed		Married		Name of Wife or Husband		James Porter	
	Father's Name		John Porter		Father's Birthplace		Talbot Co.	
Mother's Maiden Name		Susan Harrison		Mother's Birthplace		Talbot Co.		
Name of person giving information		Lizzie Tucker		How related to deceased		Sister		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Apoplexy		How long		6 days hours	
	Immediate		Paralysis		How long		6 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John Collinson	
					Address		South River	
	Accident or Suicide?							



Name  
in  
Full

CERTIFICATE OF DEATH

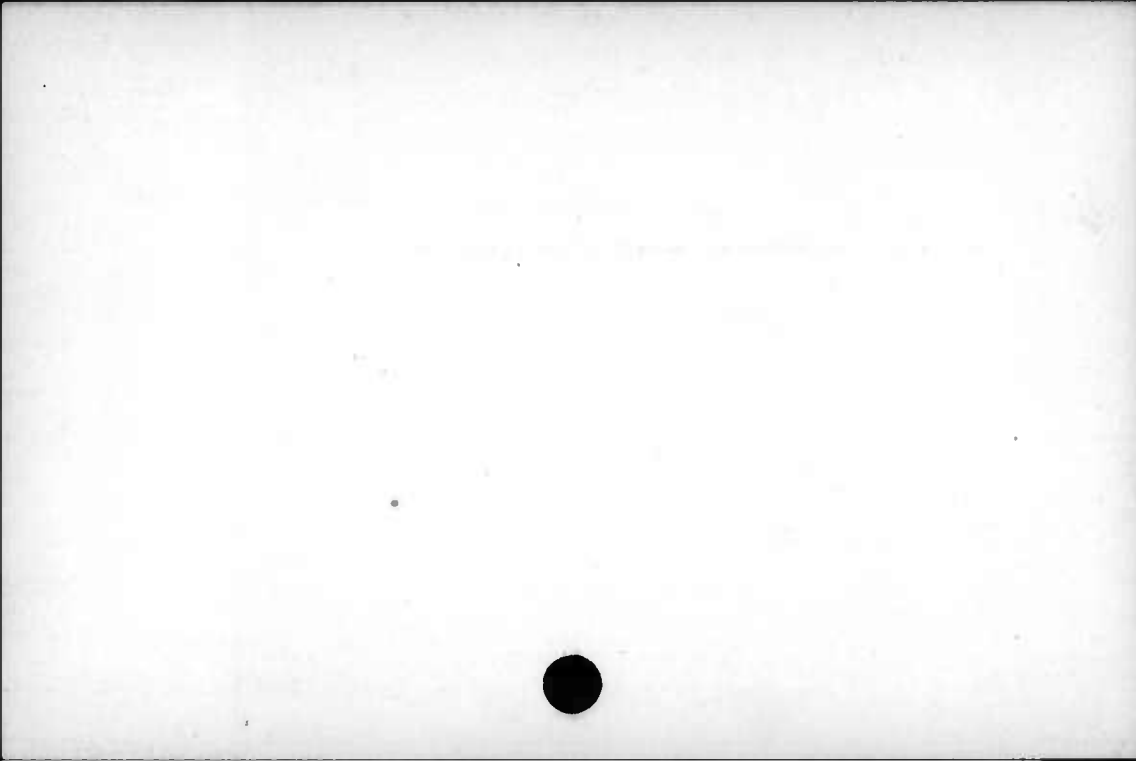
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Ann Rickter</i>		Town <i>Churchton</i>		County <i>Q. A.</i>		MARYLAND	
Died at <i>Churchton</i>		Date of death <i>1907 May 4</i>		Age <i>86</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>D. C.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Jesse Lowman</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Mr. M. M. Magowan</i>		How related to deceased <i>Grand-daughter</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old Age</i>	How long	<i>154</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Geo. T. Dink</i>	
		Address <i>Churchton</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Edith Pearl Rogers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deale</i>		Town		County		U. S.		MARYLAND	
Date of death	1907	Month	May	Day	19	Age	Years	Months	1
Sex	Female	Color or Race	White	Birth-place		Deale, Md			
Occupation	None			Where Residing If not at place of death					
Married, Single or Widowed	Single			Name of Wife or Husband					
Father's Name	H. C. Rogers			Father's Birthplace					
Mother's Maiden Name	Margaret Whittington			Mother's Birthplace					
Name of person giving information	H. C. Rogers			How related to deceased					
			Father						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis	(90)	How long	3 days
Immediate	Bronchitis		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Churchton	
Accident or Suicide?		—		





Name  
in  
Full

Francesco Salafia

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <small>Town</small>		<i></i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>May</i> <small>Day</small>	<i>13</i> <small>Age</small>	<i></i> <small>Years</small>	<i>16</i> <small>Months</small>
Sex	<i>male</i>		Color or Race	<i>White</i>	
Occupation	<i></i>		Birth place	<i>Annapolis</i>	
Where Residing if not at place of death			<i></i>		
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>		
Father's Name <i>Giuseppe Salafia</i>			Father's Birthplace <i>Italy</i>		
Mother's Maiden Name <i>Rosa Calafiore</i>			Mother's Birthplace <i>Italy</i>		
Name of person giving information <i>P. Tarantino</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>2 hours</i>
Immediate	<i></i>	How long	<i></i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm J Welch M.D.</i>
		Address	<i>Health Officer Annapolis</i>
Accident or Suicide?	<i></i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

Anna Maria Savoca

Town

County

MARYLAND

Died at

Annapolis

Date

Month

Day

Age

Years

Months

Days

of death

1907 May

10

Years

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Annapolis

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

G. Savoca

Father's  
Birthplace

Italy

Mother's  
Maiden Name

Louisa Palfettier

Mother's  
Birthplace

Italy

Name of person giving  
In formation

P. Del Balzo

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Premature Birth

How long

Immediate

Apnoea

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

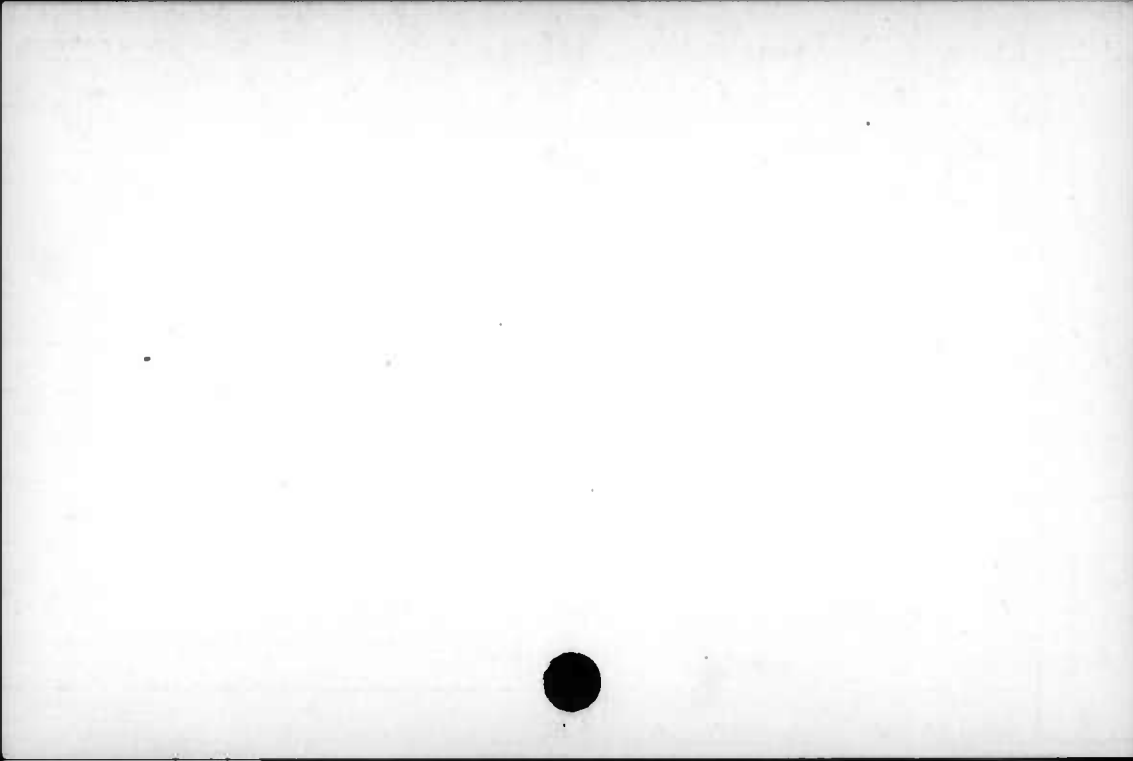
Signature of  
Physician

Address

Wm J. Welch, M.D. H.O.  
Annapolis

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Still Born Smith</i>		Town <i>Annapolis</i>		County <i>A. A. Co</i>		MARYLAND	
Died at <i>Annapolis</i>		Month <i>May</i>		Day <i>2</i>		Years <i>—</i>	
Date of death <i>1907</i>		Age <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>—</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Ernest Smith</i>				Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Catherine Brown</i>				Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Ernest Smith</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	<i>(S)</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. P. Keese</i>	
		Address <i>60 Cathedral St Annapolis Md</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

James S. Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

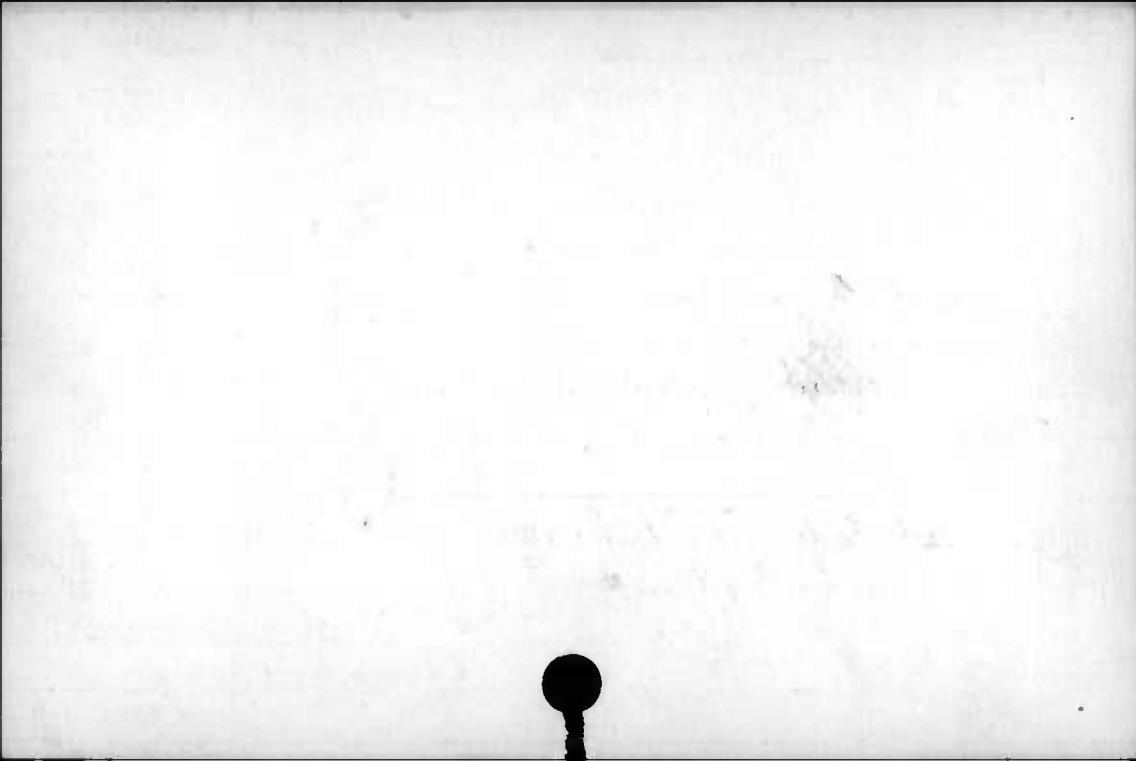
Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>A. A. Co</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>4</i>	Age <i>62</i>	Years	Months <i>9</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Annapolis</i>					
Occupation <i>Undertaker</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Virginia Taylor</i>						
Father's Name <i>Owen Taylor</i>	Father's Birthplace <i>Annapolis</i>						
Mother's Maiden Name <i>Mary Ireland</i>	Mother's Birthplace <i>Annapolis</i>						
Name of person giving information <i>H. Raymond Taylor</i>			How related to deceased <i>Son</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Acute Pulmonary Tuberculosis</i>	How long <i>8 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Hepburn</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Still Born,

Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

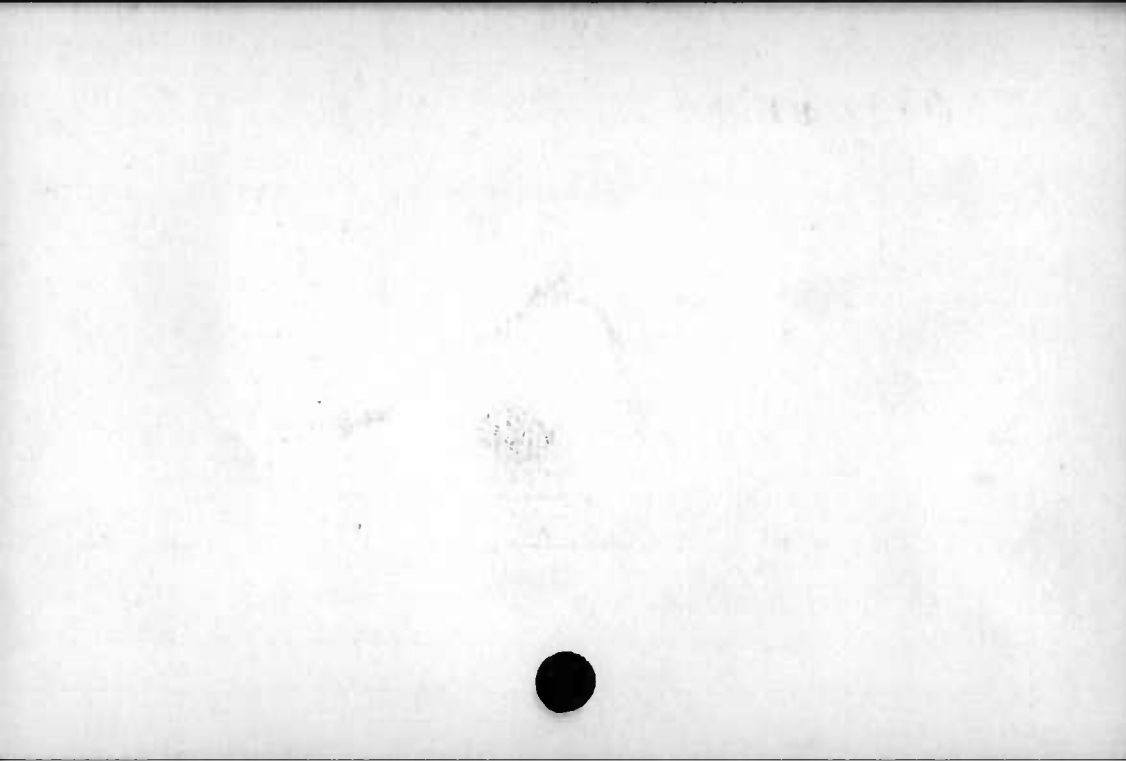
Died at <u>Annapolis</u> <small>Town</small>		<u>Ala</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>May</u> <small>Day</small>	<u>12</u> <small>Age</small>	<u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Annapolis</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>None</u>		
Father's Name	<u>Dan bank Taylor</u>			Father's Birthplace	<u>Annapolis</u>
Mother's Maiden Name	<u>Eugenie Dixon</u>			Mother's Birthplace	<u>Ala County</u>
Name of person giving information	<u>Dan bank Taylor</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	<u>Premature Birth</u>	How long	<u>—</u>
Immediate	<u>Still Born</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>S. S. Hephner</u>
		Address	<u>Annapolis</u>
			<u>Med.</u>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

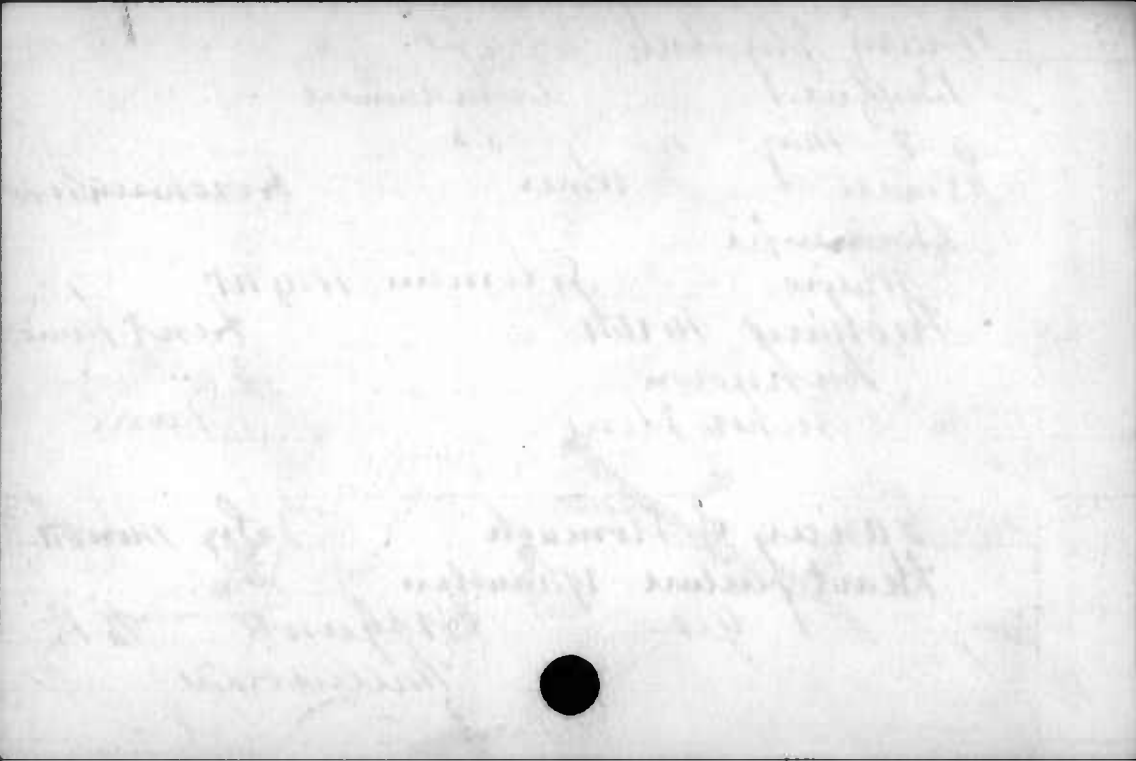
Name in Full <b>Harriet Matthews</b>		Town <b>Annapolis</b>		County <b>Anne Arundel</b>		State <b>MARYLAND</b>	
Died at <b>Annapolis</b>		Date of death <b>1907</b>		Age <b>74 1/2</b>		Months <b>23</b>	
Sex <b>Female</b>		Color or Race <b>Colored</b>		Birthplace <b>P. G. Co. Md</b>		Occupation <b>Domestic</b>	
Where Residing if not at place of death <b>110 South St.</b>		Name of Wife or Husband <b>Joseph Matthews</b>		Father's Name <b>James Matthews</b>		Mother's Maiden Name <b>Sarah Jane</b>	
Married, Single or Widowed <b>Widow</b>		Name of person giving information <b>Zachary Dean</b>		How related to deceased <b>daughter</b>		Father's Birthplace <b>P. G. Co. Md</b>	
Mother's Birthplace <b>P. G. Co. Md</b>		How related to deceased <b>daughter</b>		How long <b>Months</b>		How long <b>Gradual</b>	

## CAUSES OF DEATH

(154)

PHYSICIAN  
OR CORONER

Primary <b>Senility</b>		How long <b>Months</b>	
Immediate <b>Exhaustion</b>		How long <b>Gradual</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>John Ridout, M.D.</b>	
Address <b>Annapolis Md</b>		Accident or Suicide? <b>No</b>	



Name  
In  
Full

Mary Elizabeth Wright

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berfield</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1907</i> Month <i>May</i>	Day <i>11</i>	Age <i>83</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester Co. Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Solomon Wright</i>				
Father's Name <i>Richard Worth</i>	Father's Birthplace <i>Sent Bruno</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving information <i>Arthur Stone</i>		How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>Six months</i>
Immediate <i>Heart failure - exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes—</i>	Signature of Physician <i>W. B. Gant</i> <i>M.D.</i>
	Address <i>Millersville</i>
Accident or Suicide? <i>—</i>	

